PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed of	ng the Patent, advance of herwise in Block 1, by (rders and notification of r a) specifying a new corres	naintenance fees wi spondence address;	ll be mailed to the current and/or (b) indicating a sepa	correspondence address as a rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
YOUNG & THOMPSON 209 Madison Street Suite 500				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Alexandria, VA	22314					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/588,890 01/05/2007 Mikko Viikari 3501-1118 4043 TITLE OF INVENTION: DATA PROCESSING SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/31/2011	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
QUADER, FAZLUL 2164		2164	707-602000				
CFR 1.363). Change of corresp Address form PTO/SF "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address' 2 or more recent) attach	nge of Correspondence Indication form ed. Use of a Customer	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	a single firm (having as a member a ley or agent) and the names of up to ent attorneys or agents. If no name is will be printed.			
Please check the appropriate assignee category or categories (will not be printed on the patent): ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Helsinki, Finland Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			 ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form). 				
a. Applicant claims	us (from status indicated SMALL ENTITY statu Publication Fee (if requ	is. See 37 CFR 1.27.	(if necessary) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). def from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in				
Authorized Signature							
Typed or printed name Benoit Castel			Registration No. 35,041				
in application. Confident ubmitting the completed his form and/or suggestion.	iality is governed by 35 application form to the ons for reducing this bur irginia 22313-1450. DO	U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den. should be sent to the	 1.14. This collection is esti depending upon the indivi Chief Information Office 	mated to take 12 mi dual case. Any com r. U.S. Patent and Ti	public which is to file (and nutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner for	g gathering, preparing, and ne you require to complete rtment of Commerce, P.O.	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.